

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD & DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

- ☐ INITIAL
- ☐ ROUTINE
- ☐ REINSPECTION

(In accordance with the provisions of Act 266, PA 2001 or Act 267, PA. 2001)

Hauler / Sampler ID Number.		Milk Tank Truck Permit No.		Date		<input type="checkbox"/> Tanker PLANT <input type="checkbox"/> Bulk Hauler/ Sampler FARM <input type="checkbox"/> Sampler PLANT
Hauler/Sampler Name		Address				
Owner (Name or Milk Transportation No.)		Address				
Inspection Location		Receiving Plant Name or No.		Daily Pickup or Route No.		
Inspector		Inspector No.		<p><u>NOTICE:</u> Failure to correct items _____ by _____ may result in suspension of your license to transport milk and/or court action and/or administrative action.</p> <p>You may contact the MDA with questions concerning the instructions for the correction of items listed by calling: _____.</p> <p>Requests for time extensions must be made to your area inspector by calling _____.</p>		
REINSPECTION REQUIRED <input type="checkbox"/>		Copy Received By: _____ Title: _____				
<p>Instructions for correcting items in violation are listed below. (See the reverse of this page for the details of the requirements) All items must be corrected by the next inspection.</p>						

1. Sample Audit Acceptable: _____ **2. TC Temperature:** _____

[illegible]